

SESSION: DC-18
VIEWER: #10.5
TAPE: T-601

Boxes are provided to the right of each question. Only one box should be checked for each question asked. If you have any comments which you would like to make emphasizing the accuracy of the information or with reference to any information not generally covered in this format, please write them on the reverse of this page.

Response to Tasking

Does information provided satisfy your intelligence collection requirement?

☐ YES ☒ IN PART ☐ NO ☐

Accuracy

Geographical location (terrain, water, river, etc.)

☐ YES ☒ IN PART ☐ NO ☐

Large scale man-made objects (docks, silos, buildings, etc.)

☐ YES ☒ IN PART ☐ NO ☐

Small scale man-made objects (tanks, computers, antennas, etc.)

☐ YES ☐ IN PART ☐ NO ☐ UNKNOWN

Target ambience (research, production, administration, troop movement, etc.)

☐ YES ☐ IN PART ☐ NO ☐ UNKNOWN

Activity (nuclear testing, CBR, SIGINT monitoring, etc.)

☐ YES ☒ IN PART ☐ NO ☐

Personality (Physical, plans, actions, traits, etc.)

☐ YES ☒ IN PART ☐ NO ☐

Utility

Please check which best describes the utility of the information provided (in view of what is known at this time, understanding that additional information could raise or lower such an interim assessment at a later date)

☐ VERY USEFUL

☐ USEFUL

☒ MARGINAL

☐ NONE

☐ CANNOT BE DETERMINED AT THIS TIME

*YES - indicates a full agreement with what is known to be fact about the target. NO - indicates a total lack of agreement with what is known to be fact about the target.

Additional tasking

Is additional tasking required?
(If yes, please write what that tasking
is on the back of the form)

☐ YES ☒ NO

Did the attached information add to
information derived from other intell-
igence sources?

☒ YES ☐ NO

Did the attached information aid in tasking
other intelligence resources by providing
targeting information?

☐ YES ☒ NO

Albert J. Bari
ALBERT J. BARI

(Signed) SIGNATURE

ALBERT J. BARI, GS-13

(Printed) NAME, GRADE

ASST OPS OFFICER, USAOG

(Printed) TITLE, or OFFICE

SECURITY CLASSIFICATION		FINAL PROJECT EVALUATION FORM							
Approved For Release 2000/08/07 : CIA-RDP96-00788R000500680002-2									
1. CUSTOMER OFFICE		2. INFORMATION REQUESTED DATE							
USADG		<table border="1"> <tr> <td>YEAR</td> <td>MONTH</td> <td>DAY</td> </tr> <tr> <td>1980</td> <td></td> <td></td> </tr> </table>		YEAR	MONTH	DAY	1980		
YEAR	MONTH	DAY							
1980									
3. TARGET COUNTRIES		4. PROJECT NUMBER							
IRAN		2130A							
5. SOURCE NUMBER		NFN 240317							
6. NUMBER REPORTS SUBMITTED FOR PROJECT		7. REPORT IDENTIFICATION NUMBERS							
8. REFERENCES		9. REASON FOR EVALUATION (select one)							
A. REQUIREMENTS (CITE) (ICR/CIR/DIRM 3/DIRM 9) <input type="checkbox"/> B. INITIATIVE REPORT NA		<input type="checkbox"/> A. ICR RESPONSE <input checked="" type="checkbox"/> B. COLLECTORS REQUEST <input type="checkbox"/> C. SELECTED BY ANALYST							
10. VALUE OF INFORMATION (select one)		11. TYPES OF PRODUCTS TO BENEFIT FROM USE OF REPORTED INFORMATION							
<input type="checkbox"/> A. OF MAJOR SIGNIFICANCE <input checked="" type="checkbox"/> B. OF VALUE <input type="checkbox"/> C. OF NO VALUE		<input type="checkbox"/> A. BASIC INTELLIGENCE <input type="checkbox"/> B. CURRENT INTELLIGENCE <input checked="" type="checkbox"/> C. ESTIMATIVE INTELLIGENCE <input type="checkbox"/> D. S&T INTELLIGENCE							
12. REASON INFORMATION IS OF NO VALUE (select one only)		13. DEGREE OF REQUIREMENT SATISFACTION (select one only)							
<input checked="" type="checkbox"/> A. TOO FRAGMENTARY <input type="checkbox"/> B. DUPLICATIVE <input type="checkbox"/> C. UNTIMELY <input type="checkbox"/> D. NOT RESPONSIVE TO TASKING CITED		<input type="checkbox"/> A. COMPLETELY SATISFIED <input checked="" type="checkbox"/> B. PARTIALLY SATISFIED <input type="checkbox"/> C. NOT SATISFIED AT ALL							
14. NAME OF PRODUCT(S)									
15. COLLECTION GUIDANCE (Mandatory unless 13A, above, is checked)									
<i>more definitive information would have been of more value. names & locations of persons would have increased the usefulness of acquired information. A great deal of the provided input cannot be validated since it lacked details.</i>									

SG1A



Approved For Release

SECRET

17. FOREIGN DISCLOSURE DATA

A. EVALUATORS RECOMMENDATION
(select one only)

- ☒ RELEASABLE EVALUATION NOT REQUESTED
☐ EVALUATION IS NOT RELEASABLE
☐ PARA(S) _____, ABOVE, IS/ARE
RELEASABLE TO THE GOVT(S) OF _____

B. FOREIGN DISCLOSURE AUTHORITY DECISION
(select one only)

- ☒ EVALUATION IS NOT RELEASABLE
☐ NON-CAVEATED PORTIONS OF THIS EVAL, AS
INDICATED, MAY BE REL TO THE AUTH REPS
OF THE GOVT(S) OF _____
AT THE DISCRETION OF THE ORIGINATOR.

18. EVALUATOR'S NAME

ALBERT J. BARI

19. EVALUATOR'S OFFICE
SYMBOL

IAGPC-OP

20. SECURITY INSTRUCTIONS
(DOWNGRADING, DECLASSIFICATION,
AND SPECIAL MARKINGS)

21. DATE EVALUATED

YEAR

MONTH

DAY

1981

JUNE

10

22. ORIGINATOR OF REQUEST FOR INFORMATION

USADG

23. (Signature of evaluator)

Albert J. Bari